



# STATE OF NEVADA

Department of Conservation & Natural Resources

DIVISION OF ENVIRONMENTAL PROTECTION

*Jim Gibbons, Governor*

*Allen Biaggi, Director*

*Leo M. Drozdoff, P.E., Administrator*

**Dear Claimant:**

Nevada Administrative Code (NAC) 590.780.4(b) requires you to: "Not more than 30 days after receiving the money from the fund, provide the division with confirmation of payment to the vendor or contractor, or both, of the money paid by the board." NAC 590.780.5 further stipulates: "If an operator fails to pay a vendor or contractor for the costs approved and paid by the board within 30 days, the operator shall reimburse the board the money paid by the board."

The two following payment verification methods are the most common:

1) Payment Affidavit: You may submit signed affidavits from each vendor associated with your claim. Each affidavit must include the following information:

- Copies of the Invoice Detail Sheets from each claim you are providing payment verification for.
- A summary of vendors that invoiced you directly.
- Written verification from vendors who billed you directly that they have been paid by you the amount(s) approved for reimbursement on the subject claim(s).

2) Canceled Checks: A form for providing payment pursuant to the submittal of canceled checks is provided on the back of this letter.

If you wish to provide payment verification using a method other than the ones listed above, please contact Mr. Hayden Bridwell at (775) 687-9372, prior to submitting your documentation.

## IRS FORM 1099 DISCLOSURE

Please note that unincorporated recipients of Petroleum Fund reimbursements of \$600 or more will be issued a federal 1099 form by the State of Nevada Controller's office indicating the total amount reimbursed. You and your tax advisor will need to determine if and how to report your reimbursement to the Internal Revenue Service (IRS).

This Document is for Electronic Distribution

NEVADA PETROLEUM FUND  
PAYMENT VERIFICATION SUMMARY SHEET

**(PLEASE FILL OUT AND SUBMIT WITH COPIES OF CANCELED CHECKS)**

FUND CASE NUMBER: \_\_\_\_\_

BOARD MEETING DATE(S): \_\_\_\_\_

LIST VENDORS WHO INVOICED YOU DIRECTLY: \_\_\_\_\_

CLAIM NUMBER(S)	AMOUNT REIMBURSED	YOUR CHECK NUMBER	YOUR CHECK(S) ISSUE DATE	INVOICES PAID BY YOUR CHECK (VENDOR NAMES & INVOICE NUMBERS)	AMOUNT PROVIDED AS PAYMENT VERIFICATION

\*TOTAL PAYMENT VERIFICATION PROVIDED \$ \_\_\_\_\_  
(sum of the "Amount Provided as Payment Verification" column)

**\*THIS AMOUNT MUST BE EQUAL TO OR GREATER THAN THE AMOUNT REIMBURSED**

PLEASE SEND TO:

ATTN: GAIL WHITE  
BUREAU OF CORRECTIVE ACTIONS/PETROLEUM FUND  
NEVADA DIVISION OF ENVIRONMENTAL PROTECTION  
901 SOUTH STEWART STREET, #4001  
CARSON CITY, NV 89701

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY  
KNOWLEDGE.

\_\_\_\_\_  
**SIGNATURE OF OWNER OR CEM / DATE**